

7017 1450 0000 1052 2780

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage
\$

Sent To
Law Department
Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

City, State, Zip

PS Form 3800, April 2016 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Law Department
Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

Barcode: 9590 9402 2947 7094 2141 26

Article Number (Transfer from service label)
7017 1450 0000 1052 2780

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7017 1450 0000 1052 2773

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\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage
\$

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Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

City, State, Zip

PS Form 3800, April 2016 PSN 7530-02-000-9053

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1. Article Addressed to:

Law Department
Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

Barcode: 9590 9402 2947 7094 2141 33

Article Number (Transfer from service label)
7017 1450 0000 1052 2773

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

Monica Tuscano

From: Monica Tuscano
Sent: Thursday, September 14, 2017 10:30 AM
To: 'MDLImerysComplaints@gordonrees.com'; 'talccomplaints@coughlinduffy.com'
Cc: Kelly Reardon
Subject: Short Form Complaint-Susan Austin
Attachments: Ltr and SFC-Imerys service-Austin.pdf

Counsel:

Pursuant to Case Management Order No. 3, please accept service of the attached Short Form Complaint filed on behalf of our client, Susan Austin. Should you have any questions or concerns, please do not hesitate to contact our office.

Monica Tuscano
Paralegal
The Reardon Law Firm, P.C.
160 Hempstead Street
PO Drawer 1430
New London, CT 06320
(860) 442-0444
(860) 442-6445 fax
mtuscano@reardonlaw.com

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Monica Tuscano

From: MDL Imerys Complaints Mailbox [mdlimeryscomplaints@grsm.com]
Sent: Thursday, September 14, 2017 10:33 AM
To: Monica Tuscano
Subject: MDL Imerys Complaints Autoreply Message

Thank you for your email. This is the mailbox designated for service of Short Form Complaints on Imerys Talc America, Inc. in MDL 2738 (In Re: JOHNSON & JOHNSON TALC PRODUCTS). This mailbox is for service of Short Form Complaints only. Imerys Talc America, Inc. and/or GRSM LLP will not accept service of any other type of document or communications through this e-mail address. You are hereby advised that any document or communication sent to this email address other than a Short Form Complaint WILL NOT BE REVIEWED OR RESPONDED TO. Please do not reply to this message.

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